

Form Approved. OMB No. 2040-0086.

EPA Form 3510-1 (8-90)

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit, in order of priority)

| A. FIRST |    |  |  |  |  |  |  |  |  | B. SECOND |    |  |  |  |  |  |  |  |  |
|----------|----|--|--|--|--|--|--|--|--|-----------|----|--|--|--|--|--|--|--|--|
| C        |    |  |  |  |  |  |  |  |  | C         |    |  |  |  |  |  |  |  |  |
| 7        |    |  |  |  |  |  |  |  |  | 7         |    |  |  |  |  |  |  |  |  |
| 15       | 16 |  |  |  |  |  |  |  |  | 15        | 16 |  |  |  |  |  |  |  |  |
| C. THIRD |    |  |  |  |  |  |  |  |  | D. FOURTH |    |  |  |  |  |  |  |  |  |
| C        |    |  |  |  |  |  |  |  |  | C         |    |  |  |  |  |  |  |  |  |
| 7        |    |  |  |  |  |  |  |  |  | 7         |    |  |  |  |  |  |  |  |  |
| 15       | 16 |  |  |  |  |  |  |  |  | 15        | 16 |  |  |  |  |  |  |  |  |

## VIII. OPERATOR INFORMATION

| A. NAME |    |  |  |  |  |  |  |  |  |  |  |  |  |  | B. Is the name listed in Item VIII-A also the owner?                |  |  |  |  |
|---------|----|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|
| C       |    |  |  |  |  |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  |  |  |  |
| 8       |    |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |
| 15      | 16 |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |

| C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)                |  |  |  |  |  |  |  |  |  |  |  |  |  |  | D. PHONE (area code & no.)     |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------------|--|--|--|--|
| F = FEDERAL<br>S = STATE<br>P = PRIVATE<br>M = PUBLIC (other than federal or state)<br>O = OTHER (specify)    |  |  |  |  |  |  |  |  |  |  |  |  |  |  | (specify) COUNTY EMPLOYEE<br>A |  |  |  |  |
| <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |  |  |  |  |  |  |  |  |  |  |  |  |  |  | (804) 453-3600                 |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |

| E. STREET OR P.O. BOX |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| P.O. BOX 129          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

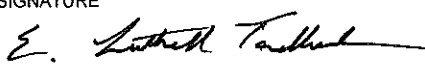
| F. CITY OR TOWN |    |  |  |  |  |  |  |  |  |  |  |  |  |  | G. STATE |  | H. ZIP CODE |  | IX. INDIAN LAND   |  |
|-----------------|----|--|--|--|--|--|--|--|--|--|--|--|--|--|----------|--|-------------|--|---|--|
| C               |    |  |  |  |  |  |  |  |  |  |  |  |  |  | VA       |  | 22473       |  | Is the facility located on Indian lands?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  |
| B               |    |  |  |  |  |  |  |  |  |  |  |  |  |  |          |  |             |  |   |  |
| 15              | 16 |  |  |  |  |  |  |  |  |  |  |  |  |  |          |  |             |  |   |  |

| X. EXISTING ENVIRONMENTAL PERMITS        |    |    |    |  |  |  |  |  |  |  |    |    |    |  |  |  |  |  |  |
|--|----|----|----|--|--|--|--|--|--|--|----|----|----|--|--|--|--|--|--|
| A. NPDES (Discharges to Surface Water)   |    |    |    |  |  |  |  |  |  | D. PSD (Air Emissions from Proposed Sources) |    |    |    |  |  |  |  |  |  |
| C  | T  | I  |    |  |  |  |  |  |  | C  | T  | I  |    |  |  |  |  |  |  |
| 9  | N  |    |    |  |  |  |  |  |  | 9  | P  |    |    |  |  |  |  |  |  |
| 15                                       | 16 | 17 | 18 |  |  |  |  |  |  | 15   | 16 | 17 | 18 |  |  |  |  |  |  |
| VA 0092061                               |    |    |    |  |  |  |  |  |  |  |    |    |    |  |  |  |  |  |  |
| B. UIC (Underground Injection of Fluids) |    |    |    |  |  |  |  |  |  | E. OTHER (specify)                           |    |    |    |  |  |  |  |  |  |
| C  | T  | I  |    |  |  |  |  |  |  | (specify)                                    |    |    |    |  |  |  |  |  |  |
| 9  | U  |    |    |  |  |  |  |  |  |  |    |    |    |  |  |  |  |  |  |
| 15                                       | 16 | 17 | 18 |  |  |  |  |  |  |  |    |    |    |  |  |  |  |  |  |
| C. RCRA (Hazardous Wastes)               |    |    |    |  |  |  |  |  |  | E. OTHER (specify)                           |    |    |    |  |  |  |  |  |  |
| C  | T  | I  |    |  |  |  |  |  |  | (specify)                                    |    |    |    |  |  |  |  |  |  |
| 9  | R  |    |    |  |  |  |  |  |  |  |    |    |    |  |  |  |  |  |  |
| 15                                       | 16 | 17 | 18 |  |  |  |  |  |  |  |    |    |    |  |  |  |  |  |  |

| XI. MAP  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| XII. NATURE OF BUSINESS (provide a brief description)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| THIS FACILITY WILL CONTINUE TO ACCOMMODATE THE STUDENT, FACILITY OF THE TWO COMBINED SCHOOLS. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| XIII. CERTIFICATION (see instructions)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| A. NAME & OFFICIAL TITLE (type or print) |  |  |  |  |  |  |  |  |  | B. SIGNATURE   |  |  |  |  | C. DATE SIGNED |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------|--|--|--|--|
| E. Luttrell Tadlock, Asst. Co Admin      |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 11/03/2015     |  |  |  |  |

| COMMENTS FOR OFFICIAL USE ONLY |    |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------|----|--|--|--|--|--|--|--|--|--|--|--|--|--|
| C                              |    |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15                             | 16 |  |  |  |  |  |  |  |  |  |  |  |  |  |